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BOROUGH of CHARD



Annual Report
OF THE
Medical Officer of Health
for the Year ended 31st December, 1958

PUBLIC HEALTH OFFICERS:

Medical Officer of Health:

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Deputy Medical Officer of Health:

P. P. FOX, M.B., B.Ch., D.P.H.

Public Health Inspector:

D. H. TILL, M.R.S.H., M.A.P.H.I.

HEALTH VISITORS:

E. G. Major, S.R.N., S.C.M., H.V.
G. E. Slocombe, S.R.N., S.C.M., H.V.
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Annual Report of the MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Chard.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Report for 1958.

There was quite a large outbreak of measles and a few cases of whooping cough during 1958, otherwise there was very little infectious disease.

The preventative health services continued to function smoothly and I have included a note on the National Health Service.

This report has been produced while the Health Department has been trying to cope with a very heavy demand for anti-poliomyelitis vaccination and is necessarily shorter than in some previous years.

I am, Mr. Mayor and Councillors,

Your obedient Servant,

A. M. McCALL,
Medical Officer of Health

SECTION A.

Statistics and Social Conditions of the Area Population.

The Registrar General gives the estimated mid-year population for 1958 as 5,390.

Birth Rate.

The corrected Birth Rate for the year was 13.35 per 1,000 live births, which is lower than the figure for the previous year and below the national figure for England and Wales of 16.4 per thousand.

Death Rate.

The corrected Death Rate for the year was 10.5 per 1,000, which is below the national figure of 11.7. The causes of death are shown in Appendix A, Table 3 and the pattern is now no doubt familiar to Councillors, diseases of the heart and circulation again topping the list.

Stillbirths.

There were no stillbirths in the town during the year.

Infant Mortality.

There were three deaths of infants under four weeks of age. Two were due to pneumonia and one was due to an abnormal blood disease.

Maternal Mortality.

I am once again happy to report that no cases of maternal death occurred during the year.

Social Services.

The social services provided by the local health authority remained unchanged.

SECTION B.

General Provision of Health Services in the Area.

No new services were provided during 1958.

Care of Mothers and Young Children.

Antenatal Clinics.

Antenatal clinics were held once per month throughout the year and Dr. Elliott attended each session for the purpose of taking blood samples. These samples are submitted to the laboratory for special examination to determine the Rh. response, for Kahn and Wasserman tests and for haemoglobin estimation to determine whether or not anaemia is present.

Hospital Confinement.

All cases needing hospital confinement were admitted to the Unit at Musgrove Park Hospital, Taunton.

Domiciliary Midwifery.

The district nurses continued to attend expectant and nursing mothers in their homes with the private practitioner supervising the case. The practical service of delivery of the mothers and their after care follow naturally on the work of the antenatal care. The mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place, and they are well acquainted with the nurses who will be looking after them.

Infant Welfare Clinics.

The clinics were held twice per month. Details are shown in Appendix B, Table 1.

Health Visiting.

The two district nurses carried out general health visiting duties and Mrs. Pitt continued as the Tuberculosis health visitor.

Home Nursing.

In addition to their many other duties the District Nurses visit people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our Nurses have been working during the past year.

Immunisation.

1958 was the first year when supplies of poliomyelitis vaccine became more readily available and a start was made to deal with the many applications from parents who wished their children to be immunised against this crippling disease. The course consisted of two injections given with a month's interval between them, followed by a re-inforcing dose some seven months after the second injection. Owing to the controversy which marked the introduction of the American vaccine of the Salk type, some parents refused to accept any other than vaccine of English manufacture, while others were prepared to accept any which passed the standard of English testing. As there was considerably more American vaccine issued by the Ministry a number of children who had not been long on the waiting list were vaccinated while others waiting for English vaccine for many months remained un-immunised. This led to considerable correspondence from parents and when the situation was explained many re-

considered their original decision and a further flood of registration cards were received. The main burden of this campaign has undoubtedly been felt by the clerical staff of the Public Health Department and I wish to acknowledge the efficient manner in which the work was done in your area. It entailed many hours of late working and dealing with innumerable telephone calls and letters, many of which countermanded previous instructions. However, towards the end of the year a good deal of the chaos had been sorted out and Appendix B, Table 3 shows details of what was achieved. By the end of the year the number of applications was mounting rapidly and my next report will show the ultimate extent of the public demand for this type of prophylaxis.

The necessity for immunisation against diphtheria and whooping cough continued to be stressed but obviously there is a limit to the amount of work which the department can do and therefore the figures show a falling off in the number of re-inforcing doses given, although those receiving their initial course remained satisfactory. In order to avoid the period of the year when immunisation with the combined vaccine is liable to affect those injected with acute poliomyelitis this type of injection was suspended during the second and third quarters. This action was taken generally throughout the County on instruction from the County Medical Officer of Health.

Vaccination.

The need for vaccination against smallpox increases each year on account of the ease of travel from areas in which this disease is endemic. However, since the statutory requirement for smallpox vaccination was rescinded in 1948 there has been a falling-off in the number of vaccinated persons. There were 70 primary and 1 re-vaccination carried out during 1958.

Home Help Service.

This Service, started in 1948, is now established as an essential part of the Health Service. The women working in the Service have a reputation for hard, efficient work, allied to kindness and consideration for those whose temporary difficulties they are endeavouring to overcome. The Area Organiser in Taunton deals with all requests for help.

School Medical Service.

The main part of the school medical service is the periodic and special examina-

tions carried out in the schools and I visited all the schools during 1958. Details of these inspections may be found in Appendix B, Table 2. However, there are many other sides to this work which include the special examinations which are frequently requested by teachers, parents, or the County Medical Officer, and co-operation with specialists. In this connection I receive copies of all reports from them to private practitioners if the child concerned attends a school within the Borough. This liaison is particularly important to me and I hope that I have been helpful in smoothing over the many difficulties that arise during the year. In addition, I also inspect all children who, having reached the age of 14, take up part-time employment which is subject to County Bye-Laws. These Bye-Laws ensure that children only work a specified number of hours and in a suitable type of employment and prevents exploitation of "cheap labour."

Speech Therapy.

Miss Henshaw continued to hold weekly clinics in Chard and details of her important work will be found in Appendix B, Table 4.

Breathing Exercises Clinic.

Owing to the lack of demand for this clinic it was closed down at the end of March.

School Dental Service.

A part-time dental surgeon is based at Chard and is available for children needing treatment.

Orthopaedic Services.

An orthopaedic clinic was held every month throughout the year in Chard with a fully qualified Orthopaedic Sister in attendance.

Ophthalmic Services.

Special clinics for school children are held at Taunton and all cases who are found to have a visual defect at the school medical inspections are first referred to the clinic. Subsequent examinations may be carried out by local opticians whose reports are most helpful, or, if the necessity arises, they are referred back to the ophthalmic specialist for further examination. I have noted that where the modern and fashionable type of frames are purchased by parents, the children are much more ready to co-operate and wear their glasses regularly. This is particularly noticeable among the senior girls.

Epileptics.

Any cases of epilepsy occurring in the

Borough are referred to a specialist at Taunton who is able to carry out electroencephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a schoolchild to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Spastics.

Cerebral palsy causes a spastic condition of the muscles which makes the sufferer have poor co-ordination. As a result he often finds it difficult to do the simple acts of life. He may reach for a cup or pencil, as the hand moves, it may miss the mark, knocking over the cup or dropping the pencil. He may not be able to walk straight, he may get off balance, may stagger or reel and weave about.

Another child may have trouble with his throat and tongue. If he tries to talk the sounds are often grunts and noises. The muscles of his face may twist and work. Seeing a child making faces and hearing the sounds he makes, give some people a wrong idea. They connect such acts with being feeble minded because some feeble minded children act that way. This may be far from the truth. Some of them are very bright. Some, it is true, are feeble minded but it is not possible to tell just by the way children with cerebral palsy look or act. Mentally the large number of them are about like other children.

The cause is sometimes due to brain damage while the baby is being born. This may be when the mother has a hard and long labour but it is not necessarily the case. It may happen with an easy birth. Sometimes cerebral palsy may happen after birth and it has followed whooping cough, measles and meningitis.

A large number of spastic children do improve, others do not improve so much, still others not at all. Due to severe mental or physical disability some may have to be cared for in an institution for years.

It is important that all children with cerebral palsy should be under medical care and have opportunities for suitable education just as any other child. All these cases are reported to the County Health Department. Cases are referred to the Cerebral Palsy Assessment Clinic

in Bristol, where a full assessment of the case is made. When possible, children are encouraged to attend the ordinary day schools, but sometimes placement is necessary in a suitable special residential school.

Blind Persons.

The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are eight registered blind persons resident in the area. Prior to the admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

Ambulance Service.

The Somerset County Council Ambulance Service covers the area during the week days and worked smoothly throughout the year. From 7 p.m. to 7 a.m. and on Sundays the St. John Ambulance Brigade continued to give an ambulance service to Chard and district. It is under the direction of Divisional Superintendent Brooks.

National Health Service.

The National Health Service came into operation on 6th July, 1948, and is ten years old this year.

The many teething troubles have been dealt with and many of the abuses have been prevented. It is also fortunate that its popularity as a political "hot chestnut" is waning. Constant public criticism by opposing political parties does not make for a happy service.

In our area the Service works well and receives full co-operation from the Local Health Authority and Local Council.

Requests from practitioners for the rehousing of patients on medical grounds receive special attention and I am happy to say there are no outstanding cases on our waiting list.

The problem of the ageing population increases each year. I am certain that many people of 60 years or more are suffering varying degrees of discomfort or pain which could be alleviated with little difficulty. However, they seldom consult their doctors because they do not realise the help they could receive. I feel there is a place for the provision of a geriatric clinic run on the same lines as the Child Welfare Clinics by the local health authority where old people could go without appointment to seek advice on their ailments or have a routine examination. Those needing treatment could then be

referred to their own doctors by letter. This might save doctors a great deal of time and benefit their patients.

Mental Health Services.

These services are administered by the County Council through the Mental Health Sub-Committee of the County Health Committee.

The scope of this Committee covers ascertainment, care and training or discharge as the case may be, of patients in need of supervision, care or control under the Mental Deficiency Acts. The nearest Training Centre is at Lopen and children from our area attend there. The Committee of the Lopen Training Centre is made up of members representing various statutory and voluntary organisations. The Committee is concerned with the management of the Centre and makes recommendations to the County Health Sub-Committee through the appropriate officer. There are places for 20 pupils at Lopen and 18 are registered at present. There are three teachers under Mrs. Batten and a very happy atmosphere obtains at this Centre.

National Assistance Act.

No statutory action was necessary during the year nor was I asked to intervene in any case. The Public Health Committee and I are reluctant to use our statutory powers to remove people from their homes. We have found from experience that encouragement and persuasion produces a far better result. I am not always convinced that people benefit from being suddenly uprooted from their home which may often be dirty and untidy but where, at least, they have developed an immunity to the local infections. They suddenly find themselves in the clean and ordered surroundings of Part III accommodation but at the same time come in contact with infections against which they have little or no immunity. Some do not survive very long and one is left in considerable doubt as to whether the action taken has been for the best.

SECTION C.

Prevalence and Control Over Infectious and Other Diseases.

A summary of the infectious diseases notified during the year will be found in Appendix C, Table 1.

There was a fairly large outbreak of measles and a milder one of whooping cough. Only one case of tuberculosis was notified in 1958.

The B.C.G. vaccination programme con-

tinued and all children born in 1944 were offered protection and those accepting were skin tested and vaccinated in February.

Earlier in the Report I have made reference to the vaccinations carried out against poliomyelitis.

SECTION D.

Environments Health Services.

A.—Sanitary Circumstances.

Climatic Conditions.

The total rainfall during 1958 was 39.82 inches, which was more than in the previous year. The Spring was reasonably dry but it was an extremely wet Summer.

Water Supply.

The water supply was satisfactory in quality but a shortage was experienced from June to October and extra water had to be taken from the Chard Rural District Council's supply. Details of the chemical and bacteriological reports will be found in Appendix D, Table 1.

Drainage and Sewage Disposal.

The town's sewage disposal works continued to be most satisfactory. No new extensions were made but future proposals concern the sewerage of the Holbear district at an approximate cost of £18,000.

Public Cleansing and Refuse Collection.

Weekly removal of refuse from each house is carried out by direct labour. In addition special collections are made by request for removal of trade refuse, etc

Rodent Destruction.

A new rodent operator was appointed in conjunction with the Crewkerne and Minster Urban Districts and the work has proved satisfactory during the year.

Swimming Bath.

There is one privately owned swimming bath in the town where purification is by hand chlorination. Samples of the water are submitted for examination from time to time.

Smoke Abatement.

Little or no trouble was experienced during 1958 due to the industrial smoke. The great majority of smoke pollution in a town of this size is caused by domestic fires, and as the proportion of slow combustion fireplaces increases, it diminishes.

Ionising Radiation.

The dangers to the population from "fall out" following an atomic bomb attack have focussed public attention on the dangers of ionising radiations. Although an atomic war could be devastating

in its effect, the much more pressing problem is the rapid increase in the use of radioactive substances for peaceful uses. It is over fifty years since X-rays and radioactive substances began to be extensively used to the benefit of humanity, mainly in the medical field. While that situation obtained the possible hazards of radiation were restricted. However, new developments have completely changed the picture in the last fifteen years. Today there is scarcely any industry which does not make use of radioactive materials. Places where they are made and used are both places where hazards exist. Places where nuclear power is to be produced are increasing in number, for example Winfrith and Hinkley Point. These are a potential source of danger as the Windscale accident showed. It therefore becomes clear that the local health authorities must concern themselves with this new field of actual and potential risk to health and life.

The need for a central authority to co-ordinate the responsibilities of the various Ministries is obvious, but the ultimate safety of the population will continue to be the province of the medical officer of health. Government departments concerned have been asked to provide instruction and guidance for medical officers of health but so far nothing has materialised. It is surely time the Government faced this problem so that local Public Health Committees are in a position to answer local fears and give accurate information about the local situation.

B—Factories Act.

Details will be found in Appendix D, Table 2.

C—Housing.

Appendix D, Table 3 gives details of the housing programme for 1958.

While the emphasis still remains on the improvement or demolition of sub-standard houses there is necessarily a slowing down of the Council building programme other than for houses required to re-house those people compulsorily moved. There are still a considerable number of applicants who are forced to remain in houses too small or, due to their bad arrangement and lack of facilities, unsuited to their needs.

D—Inspection and Supervision of Food. Milk.

There are six registered distributors and two registered dairy premises in the town. Milk sampling was carried out by the County Council's staff.

Ice Cream.
There is one manufacturer and sixteen premises are registered for the sale of the pre-packed product.

Meat.
There are two licensed slaughter houses

in the town and Appendix D, Table 4 gives a detailed account of the number of carcasses inspected.

Food Premises in General.
Regular inspections of all food premises were undertaken throughout the year.

APPENDIX A—TABLE 1

Registrar General's estimate of population mid 1958	5,390
Area	1,030 acres
Number of inhabited houses at the end of 1958 according to the Rate	
Book	1,845
Rateable Value	£60,889
Sum represented by a penny rate	£240

APPENDIX A—TABLE 2

BIRTH RATE: 13.35 per 1,000.

Comparability Factor 1.00.

		M	F
Live Births:	Total	34	38
	Legitimate	32	58
	Illegitimate	2	—
Still Births:	Total	—	—
	Legitimate	—	—
	Illegitimate	—	—
Deaths of Infants under 1 year:	Total	2	1
	Legitimate	2	1
	Illegitimate	—	—
Deaths of Infants under 4 weeks:	Total	2	1
	Legitimate	2	1
	Illegitimate	—	—

APPENDIX A—TABLE 3

DEATH RATE: 10.5 per 1,000.

Comparability Factor 0.80

Table of Deaths	Total	M	F
Causes of Death:	71	35	36
Heart:			
Coronary Disease	9	7	2
Other heart disease	12	10	2
Circulation:			
Vascular lesions of nervous system.....	7	2	5
Other circulatory disease	2	1	1
Cancer of:			
Stomach	3	1	2
Lung	2	2	—
Breast	2	—	2
Uterus	1	—	1
Other Sites	5	2	3
Leukaemia	—	—	—
Lungs:			
Tuberculosis	—	—	—
Bronchitis	1	1	—
Influenza	—	—	—
Pneumonia	4	2	2
Other diseases of respiratory system.....	—	—	—
Diabetes	—	—	—
Duodenal Ulcer	—	—	—
Gastritis	1	—	1
Nephritis	1	—	1
Congenital malformations	—	—	—
Other defined and ill-defined disease	16	4	12
Motor vehicle accidents	2	1	1
All other accidents	2	1	1
Suicide	1	1	—

APPENDIX B—TABLE 1

CHARD CHILD WELFARE CENTRE

Statistics for the twelve months ended 31st December, 1958.

1.	Number of children who first attended during the year and who at their first attendance were:—	
	UNDER ONE YEAR OF AGE	62
2.	Number of children who attended during the year and who were born in:—	
	(a) 1958	47
	(b) 1957	53
	(c) 1956-53	52
3.	Total attendances during the year made by children who at the date of attendance were:—	
	(a) UNDER ONE YEAR OF AGE	479
	(b) OVER ONE BUT UNDER TWO YEARS OF AGE	156
	(c) OVER TWO BUT UNDER FIVE YEARS OF AGE ...	130
4.	Number of individual mothers who attended during the year ...	125
5.	(a) TOTAL NUMBER OF SESSIONS HELD:—	
	(i) With Medical Officer	22
	(ii) Other Sessions	1
	(b) NUMBER OF CHILDREN EXAMINED BY DOCTOR ...	109
	(c) TOTAL NUMBER OF MEDICAL CONSULTATIONS	258
6.	Immunisations completed for:—	
	DIPHTHERIA	16
	DIPHTHERIA-PERTUSSIS	17
	DIPHTHERIA-PERTUSSIS-TETANUS	9
	SMALLPOX VACCINATION	—
	WHOOPIING COUGH ONLY	10

APPENDIX B—TABLE 2.

Name of School	No. on Roll	No. Inspected	Date of Inspection	Children having Milk	Children having Dinners	Diphtheria Immunisation
Chard Infants	141	89	29/30/31.1.58	97.15%	57.44%	58
Chard Junior	335	140	19/20/21.3.58	76.12%	49.25%	
Chard Secondary Modern	387	139	18/19/20.6.58	64.59%	23.25%	

APPENDIX B—TABLE 3

Speech Therapy

Number of sessions	43
Children under treatment	10
Children admitted during 1958	12
Children discharged during 1958	10
Of the 10 under treatment:	
	2 are stammerers
	6 are dyslalic
	1 has sigmatism
	1 has a cleft palate
Of the 10 discharged during the year:	
	3 were stammerers
	4 were dyslalic
	3 had sigmatism

APPENDIX B—TABLE 4

Poliomyelitis Vaccination

Children Born in Year	1933-42 2	1943 11	1944 17	1945 22	1946 27	1947 27	1948 35	1949 24	1950 26
Children Born in Year	1951 28	1952 31	1953 29	1954 36	1955 15	1956 31	1957 23	1958 —	Total 382
	Drs. and families		Exp. mothers		Amb. staff and families		No. of persons who received a third injection		
	5		11		—			—	

APPENDIX C—TABLE 1

Infectious and Other Notifiable Diseases.

Measles													73
Scarlet Fever													2
Whooping Cough													15
Pneumonia													2
	Under Analysis of Cases Notified.												
	1yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+	
Measles	2	7	4	9	14	37							
Scarlet Fever					1	1							
Whooping Cough	3	2	1	2	1	4	1				1		
Pneumonia									1		1		
	Tuberculosis												
Age Group	New Cases						Deaths						
	Respiratory		Non-respiratory				Respiratory		Non-respiratory				
	M	F	M	F			M	F	M	F			
-1	..												
1-5	...												
5-15	...												
15-25	...												
25-35	..												
35-45	...												
45-55	...												
55-65	..												
65+	..												
Age Unknown		1											
Total		1											

APPENDIX D—TABLE 1

Water Supplies

Piped Supplies—results of samples taken for analysis:

Raw Water				Treated after going into supply			
Bacteriological		Chemical		Bacteriological		Chemical	
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
—	—	2	—	24	—	2	—

Water Supplies from public mains:

Direct to Houses		By means of Standpipes	
No. of Dwellinghouses	Population	No. of Dwellinghouses	Population
1,817	5,455	14	45

APPENDIX D—TABLE 2.

Factories Acts, 1937 and 1948

Inspections for the purpose of provisions as to Health
(Including Inspections made by the Public Health Inspector)

Premises	No. on Register	Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	1	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	50	19	4	—
Other premises	—	—	—	—
TOTALS	51	21	4	—

Cases in which defects were found 4

Cases in which defects found were remedied 4

Outworkers.

No. of outworkers in August List required by Section 10 20

APPENDIX D—TABLE 3

Housing.

Action taken during year.

1. No. of houses included in Clearance Areas for which Orders are still to be made	78
2. No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	Nil
3. No. of houses demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	3
4. No. of houses demolished or closed under Section 17 of the Housing Act, 1957 (Individual Unfits)	2
5. No. of temporary dwellings (huts, etc.) demolished	Nil
6. No. of houses declared unfit under Section 9 of the Housing Act, 1957	93
7. No. of unfit houses occupied under licence	7
8. Rent Act, 1957 (1st Schedule)	
Certificates of Disrepair:	
(a) No. of applications received.....	2
(b) No. of Certificates issued	2

	Houses erected during the year		Houses in course of erection		Gained from conversion of large houses or buildings into flats or dwellings		Lost from conversion of two or more houses to one	
	For Slum Clearance	For Other Purposes	For Slum Clearance	For Other Purposes				
Local Authority	4	—	12	—	—	—	—	—
Private Enterprise	—	13	—	8	—	—	—	—

Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1958.

Housing Programme for 1959.

By Local Authority	By Private Enterprise	By Slum Clearance	By Other Purposes
420	88	12	37

(a) No. of temporary housing units occupied—	(i) Prefabs	—
	(ii) Huts, etc.	—
(b) No. of houses found overcrowded		8
(c) No. of houses made fit during year		11

Houses required:—

(i) To replace houses scheduled for demolition	78
(ii) To abate overcrowding	8
(iii) For other purposes	135

Total number of applications for Council Houses at the end of the year 221

Total number of Council Houses sold during year Nil

No. of permanent dwellings in District as at 31.12.57 (a)	Gained from conversions and erected during 1958 (b)	Total (a) + (b)	Less houses demolished, closed, etc., during year	No. of permanent dwellings in District as at 31.12.58
1807	17	1824	3	L.A. 577 P.E. 1247

Improvement Grants.

No. of applications and houses dealt with by Local Authority:

	Received		Approved		Rejected	
	Applications	No. of dwellings	Applications	No. of dwellings	Applications	No. of dwellings
31.7.49—31.12.57 ...	38	38	32	32	6	6
During year	5	5	5	5	—	—
Total	43	43	37	37	6	6

NOTE—Number of applications approved in respect of owner/occupiers during year 4
Average cost per dwelling approved during year £572
Average rent fixed Controlled under S.20 Rent Act 1957
Amount of grant payable by Local Authority £834

APPENDIX D—TABLE 4

	Meat Inspection					
	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	438	2705	544	3071	8485	—
Number inspected	438	2705	544	3071	8485	—
All diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned		12	5	8	6	—
Carcasses of which some part or organ was condemned	66	670	12	438	269	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	15%	26%	3%	14%	3%	—
Tuberculosis only						
Whole carcasses condemned	1	31	—	—	6	—
Carcasses of which some part or organ was condemned	46	225	—	—	206	—
Percentage of the number inspected affected with tuberculosis	10%	9%	—	—	2%	—
Cysticercosis						
Carcasses of which some part or organ was condemned	—	3	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	3	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—
Weight of meat condemned (in lbs.) for:—						
(a) Tuberculosis	1015	13426	—	—	1712	—
(b) Cysticercosis	—	—	—	—	—	—
(c) Other	265	3962	172	861	1286	—
Total (in lbs.) condemned	1270	17388	172	861	2098	—